



Medicaid Transformation Public Forum

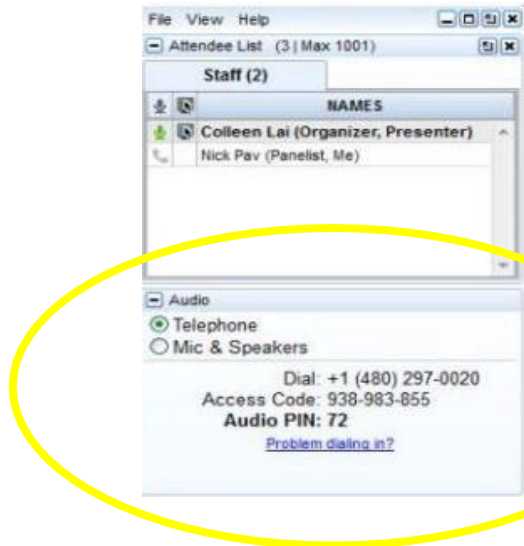
An update
on the Medicaid
Transformation Project

December 2020

Before we get started, let's make sure we're connected

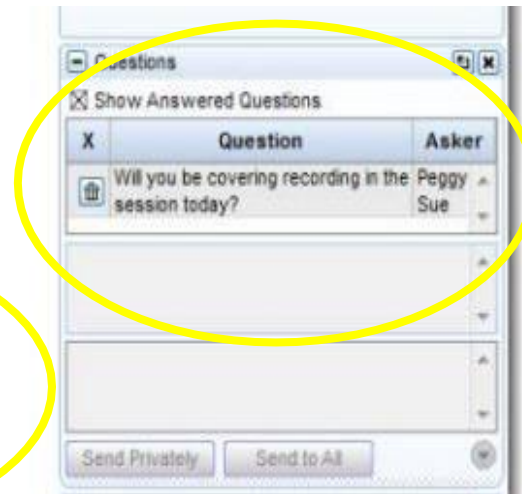
Mic and speakers

Use your phone to dial the number in the "Audio" section of the webinar panel. When prompted, enter your access code and audio pin.



Have questions?

Please use the "Questions" section in the webinar panel to submit any questions or concerns you may have.



Today's panel

- ▶ **Michael Arnis**, deputy chief policy officer, Health Care Authority (HCA)
- ▶ **Chase Napier**, Medicaid Transformation manager, HCA
- ▶ **Cathy Kinnaman**, deputy director of Head Quarters Operations, Home and Community Services with Department of Social and Health Services (DSHS)
- ▶ **Melodie Pazolt**, section manager, HCA
- ▶ **David Johnson**, federal programs manager, HCA
- ▶ **Mich'l Needham**, chief policy officer, HCA
- ▶ Moderator: **Rachelle Alongi**, policy communications manager, HCA

ABOUT THE MEDICAID TRANSFORMATION PROJECT (MTP)

How it all started

About MTP

- ▶ HCA purchases health care for 2 million Washington residents through our Apple Health (Medicaid) program.
- ▶ Through December 2021, Washington State will receive up to \$1.5 billion as part of a Section 1115 Medicaid demonstration waiver.
- ▶ The waiver allows Washington State to implement several initiatives that benefit Apple Health clients.

MTP initiatives

1. **Transformation through Accountable Communities of Health (ACHs) and Indian Health Care Providers IHCPs):** ACHs and IHCPs are implementing projects that change the way people receive health care in their region.
2. **Long-term Services and Supports:** supports Washington's aging population and family caregivers who provide care for their loved ones.
 - Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)
3. **Foundational Community Supports:** helps vulnerable adults get and keep stable housing and employment.
 - Supportive housing and supported employment

MTP initiatives

4. **Substance use disorder IMD:** relaxes restrictions on the use of federal funds to pay for people receiving SUD treatment in a mental health or SUD facility, for an average of 30 days.
5. **Mental health IMD:** allows our state to purchase (an average of 30 days) acute inpatient services for Medicaid clients between the ages of 21 and 65 who reside in a dedicated, large psychiatric facility that qualifies as an IMD.

MTP goals

- ▶ Over the five-year MTP period, Washington State is committed to:
 - ▶ Treating the whole person: mind, body, and social determinants of health.
 - ▶ Rewarding provider outcomes.
 - ▶ Supporting providers in the community.

MILESTONES, ACHIEVEMENTS & UPDATES

What we've been up to

COVID-19

Impacts & response efforts in Washington State

COVID-19 impacts

MTP overall:

- ▶ COVID-19 was a significant disruptor to MTP activities, while also creating opportunity for initiatives to respond to the pandemic.
- ▶ HCA and DSHS worked with Centers for Medicare & Medicaid Services (CMS) to secure flexibilities on some MTP requirements, so that response activity could happen more easily.
- ▶ Learn more by visiting HCA's [Information about COVID-19 webpage](#).

COVID-19 impacts continued

Initiative 1:

- ▶ The health care system is overwhelmed due to hospitalizations and the need for additional or new capacity.
- ▶ Some providers face revenue challenges related to stay-at-home policies impacting visits/services.
- ▶ Health disparities are amplified, reinforcing the need for increased social supports and clinical-community linkages.
- ▶ Overall, some projects were put on hold or adjusted to make sure ACHs and IHCPs were able to best respond based on local needs.

COVID-19 impacts continued

Initiative 2:

- ▶ Slight decrease in intakes for caregivers accessing services.
- ▶ Increase in intakes for individuals.
- ▶ Decrease in number of hours of respite/personal care services utilized due to COVID-19/social distancing protocols.
- ▶ Increase in number of clients needing/using home-delivered meals.
- ▶ Senior meal sites closed due to COVID-19 social distancing protocols and reduced access to shopping have resulted in food security issues.

COVID-19 impacts continued

Initiative 3:

- ▶ Significant decrease in enrollment.
- ▶ Programs laid off staff with lack of service utilization.
- ▶ Challenges with getting individuals housed and employed due to eviction moratorium and economic hardships.

COVID-19 impacts continued

Initiative 4:

- ▶ Presents challenges for infection control in inpatient and residential treatment settings.
- ▶ Moves a lot of services to telehealth.
- ▶ Seeing drops in emergency room visits for persons with opiate use disorders, but behavioral health providers are seeing increased crisis contacts/people who may be avoiding routine care.

COVID-19 response

- ▶ HCA submitted 1135, 1115, and MTP-related waiver requests to CMS.
- ▶ Provided more than 2,000 free Zoom licenses for Medicaid physical and behavioral health providers to hold telehealth appointments with patients.
- ▶ Distributed several hundred loaner laptops to health care providers, so clients and providers can stay connected through online appointments.
- ▶ Distributed 6,000 cell phones to Tribes, Medicaid clients, and individuals with behavioral health and long-term care needs.

COVID-19 response

- ▶ Conducted infection control reviews and distributed PPE in all long-term care facilities.
- ▶ HCA continues to convene and coordinate with an interagency workgroup regarding COVID-19 mitigation and recovery, stimulus funding, and more.
- ▶ ACHs received and distributed 4.4 million pieces of personal protection equipment (PPE) across the state on behalf of HCA.
- ▶ Launched *Washington Listens* program.

COVID-19 response

- ▶ Assisting small providers and community-based organizations to shift to telehealth and/or improve access to services.
- ▶ Partnering with local health jurisdictions and community organizations to inform community providers and families about the virus, testing, new programs, available resources, and federal relief.
- ▶ Supporting efforts to provide food, housing, language access, legal support, and other amplified needs.

COVID-19 response

- ▶ Increase in provider rates for home-delivered meals, respite, and personal care providers.
- ▶ Increase in capacity for home-delivered meal services.
- ▶ Due to social distancing protocols, used telephonic assessments.

COVID-19 response

- ▶ After a decrease in March, the number of newly enrolled participants entering FCS has increased.
- ▶ HCA strongly encouraged shifting from in-person services to virtual telehealth services by providers.
- ▶ FCS is purchasing mobile devices to help people get connected to health care providers, FCS providers, landlords, and employers.
- ▶ Increased provider rates.

Initiative 1 update

Transformation through ACHs and IHCPs

Initiative 1

- ▶ Project implementation continued but is still adjusting due to COVID-19.
- ▶ Significant progress made on value-based payment, including the implementation of integrated managed care statewide, as of January 2020.
- ▶ Promising results related to advancing integrated care, providing community-based care coordination, addressing social determinants of health, and improving performance across a spectrum of quality metrics.

Initiative 1

- ▶ Incentives distributed as of September 2020:
 - ▶ Over \$268 million distributed by ACHs to partnering providers and community organizations.
 - ▶ Over \$12.5 million distributed to IHCPs.
- ▶ IHCP projects
 - ▶ Providing trauma informed care.
 - ▶ Promoting health and wellness.
 - ▶ Building infrastructure for the certification of culturally appropriate providers.

Initiative 2 update

Long-term Services and Supports (LTSS)

Initiative 2: supporting caregivers & older adults

Specialized equipment & supplies

- Durable medical equipment
- Personal Emergency Response System
- Incontinence supplies

Training & education

- Long-term care planning
- Occupational therapy
- Physical therapy
- Fall prevention
- Dementia education

Personal assistance (TSOA only)

- Personal care
- Home-delivered meals
- Nurse delegation

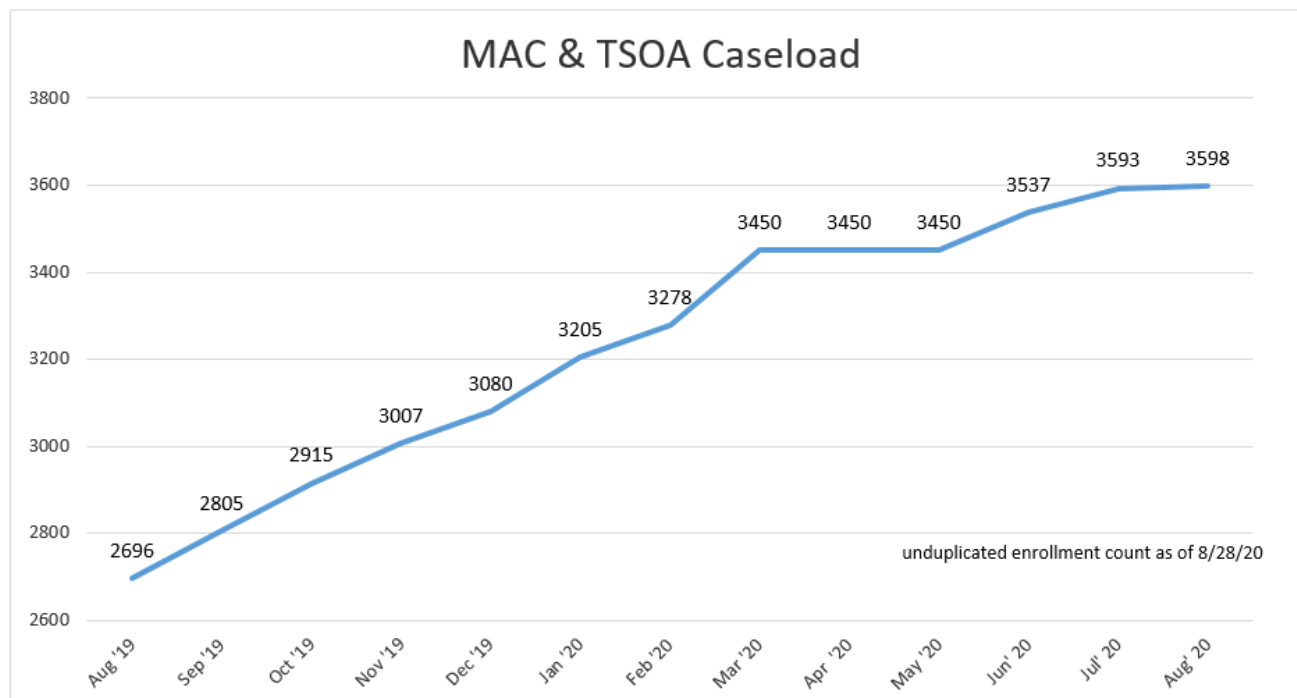
Caregiver assistance

- Respite
- Housework
- Errands

Health maintenance & therapy

- Massage
- Acupuncture
- Exercise programs

Initiative 2 enrollment updates



MAC success story

Ruth often questions the motives of those trying to assist her, including her husband, Isaac, who serves as her primary caregiver. Often times Ruth will refuse formal services and Isaac appreciates that lapses in caregiving do not result in removal from the program. Isaac has been appreciative of the way that MAC focuses on his needs in conjunction with those of Ruth.



TSOA success story

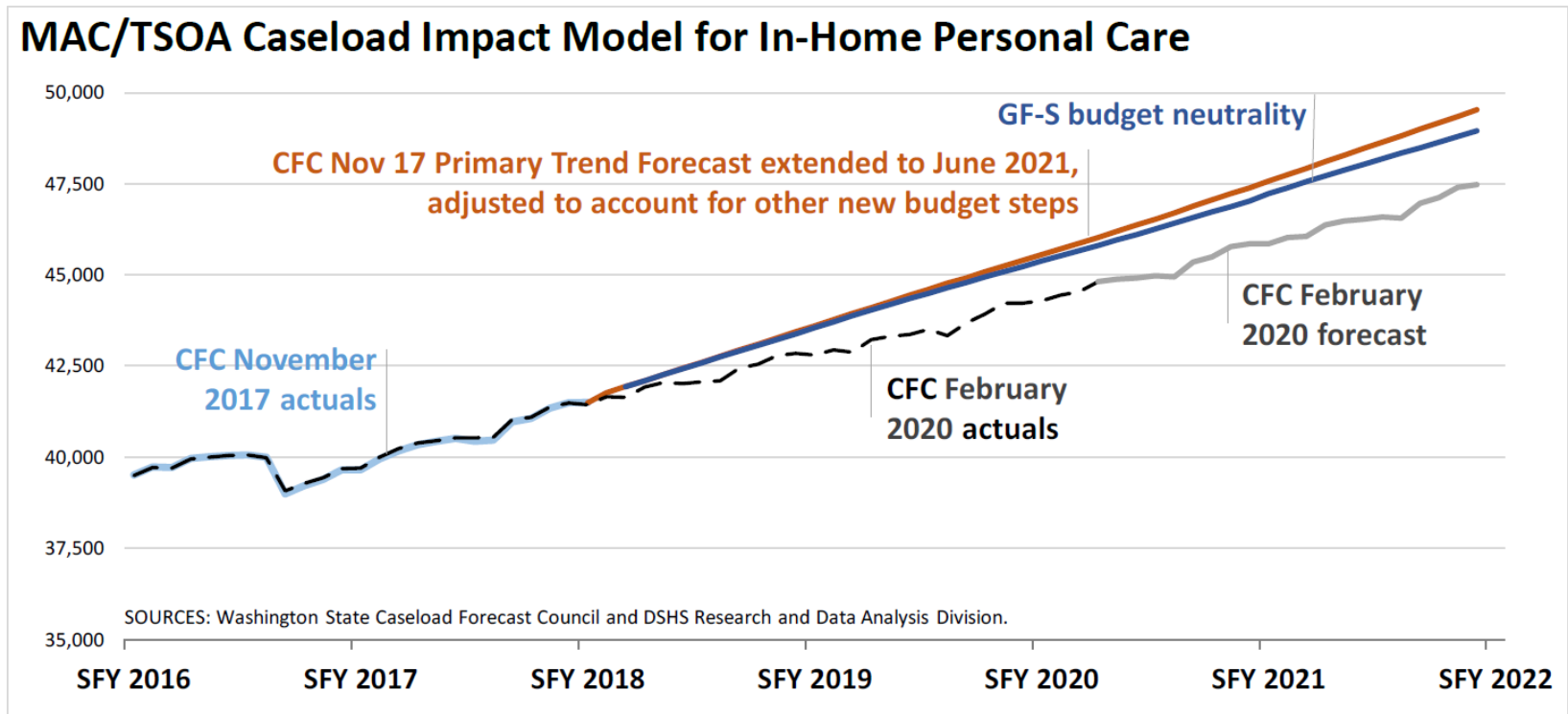


Laverne needs assistance, but her husband and caregiver, Lawrence, is hesitant to move her into another residential setting. Through TSOA, Laverne receives 20 hours of paid caregiving each month. The case manager also helped set up a camera in the home so Lawrence can work in the yard or the garage while monitoring his wife. Now, Laverne can get professional care while Lawrence can get some much-needed breaks and enjoy his hobbies.

Early findings

- ▶ Survey results indicate that most MAC and TSOA program participants are satisfied with the services they have received:
 - ▶ Overall, 83 percent of survey respondents indicated they were satisfied with their respective program. Only 5 percent indicated that they were not satisfied with their services.
 - ▶ Overall, 78 percent of survey respondents indicated that their respective program would delay their moving to a nursing home or adult family home. Only 9 percent indicated that their program would not delay their moving.

Initiative 2: savings can be reinvested into LTSS



Initiative 3 update

Foundational Community Supports (FCS)

Initiative 3: implementing evidence-based practices

Individual placement and support

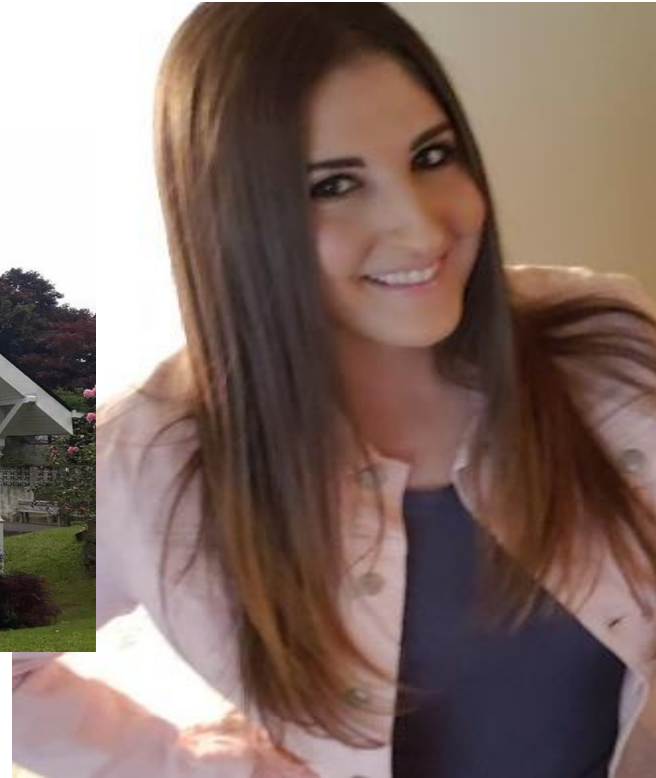
- ▶ Preferences
- ▶ Integrated with treatment
- ▶ Systematic job development
- ▶ Long-term support
- ▶ Benefits planning
- ▶ Competitive employment
- ▶ Zero exclusion – employment first!
- ▶ Rapid job search

Permanent supportive housing

- ▶ Choice in housing
- ▶ Safe and affordable
- ▶ Integrated in the community
- ▶ Separation of housing and services
- ▶ Flexible voluntary services
- ▶ Access to housing – housing first!
- ▶ Full rights of tenancy

Meet Tiffany Smith!

Housing and employment are crucial to recovery.



Initiative 3

- ▶ Number of providers:
 - ▶ Currently 154 FCS provider groups across 424 locations.
 - ▶ [Map of providers under contract](#)
- ▶ Learning collaborative approach to implementing evidence-based practices for supportive housing/supported employment.
- ▶ Reports on the demographics of people enrolled in FCS are available on the [HCA website](#).
- ▶ Training, technical assistance, Foundations newsletter, and seed grants support the success of the FCS program.

Promising findings thus far

DSHS' Research and Data Analysis Division provided a preliminary assessment of the FCS program:

- ▶ Supported employment

- ▶ Uniformly positive impacts on employment, earnings, and hours for both HCA and ALTSA populations.
- ▶ Magnitude of employment effects are relatively modest.
- ▶ No statistically significant impacts on emergency department (ED) or inpatient (IP) utilization.

- ▶ Supportive housing

- ▶ Significant or promising positive impacts on transitions out of homelessness for both HCA and ALTSA populations.
- ▶ Promising reductions in ED utilization and IP utilization for the HCA population.
- ▶ No positive impact on ED, IP, or nursing facility utilization for ALTSA clients.

Initiative 4 update

Substance use disorder (SUD) IMD

Initiative 4

- ▶ Allows HCA to make improvements and use federal funds participation (FFP) for Medicaid substance use disorder (SUD) treatment services in facilities that are “institutions for mental diseases” (IMDs).
 - ▶ IMDs are facilities with more than 16 beds, where more than 50 percent of the population are admitted for medical treatment of a psychiatric diagnosis, which includes substance use.
 - ▶ Without the waiver, Medicaid rules prohibit use of FFP for services to individuals between 21-65 years of age when admitted to an IMD.

Initiative 4

- ▶ Increased availability of medication for opioid use disorder (MOUD) treatment options.
 - ▶ Managed care organization's (MCO's) contracts have been changed to require providers to provide or make appropriate referrals for persons in need of MOUD therapies.
 - ▶ Rules are being changed to ensure MOUD services and care coordination occur.
 - ▶ Emergency rules are in place to ensure MOUD access.

Initiative 5: MTP's newest initiative

Mental health IMD

Initiative 5

- ▶ Allows HCA to make improvements and use federal funds participation (FFP) for Medicaid mental health services in facilities that are IMDs.
 - ▶ Like Initiative 4, HCA negotiated a similar waiver for mental health inpatient psychiatric services.
 - ▶ CMS approved the mental health IMD initiative in November 2020.
 - ▶ Similar to Initiative 4, Initiative 5 will allow the state to use FFP as long as the statewide average length of stay (ALOS) of participating IMDs is 30 days or less.
 - ▶ Under Initiative 5, FFP cannot pay for any stay lasting over 60 days.

LOOKING TO THE FUTURE

Where we're headed

MTP one-year extension

- ▶ The state is requesting a one-year extension across all MTP initiatives.
- ▶ This extension would allow the state to utilize federal funding in 2022 that would otherwise go unspent.
- ▶ This sixth year would present a new opportunity to focus on essential activities and transition to a future state.

MTP one-year extension

- ▶ MTP is in year 4, and significant progress has been made.
- ▶ Our state has experienced significant disruption from the COVID-19 pandemic. MTP initiatives have been:
 - ▶ Responding to the pandemic.
 - ▶ Addressing economic and equity issues related to and uncovered by the pandemic.
- ▶ We need to continue:
 - ▶ Our COVID-19 response efforts.
 - ▶ Implementing all initiatives, in addition to measuring their impacts.

Overview of the one-year extension year

- ▶ The extension would create a **sixth** year for MTP, and continue all initiatives without significant program changes.
- ▶ This extension would use federal funding that:
 - ▶ Would otherwise go unspent.
 - ▶ Is available without “new” authorization from CMS.
- ▶ We are not requesting General Fund-State dollars.
- ▶ The additional year would give us more time to:
 - ▶ Implement all initiatives.
 - ▶ Transition to sustainable, future programs while continuing to respond to COVID-19.

Approval process

- ▶ **CMS:** we're asking them to approve the one-year extension.
 - ▶ Responsible for approving extended waiver authority and program budget.
 - ▶ Negotiations to start in early 2021 after the formal application is submitted.
- ▶ **Washington State Legislature:** we're asking them to approve HCA's spending authority (if CMS approves extension)
 - ▶ Responsible for approving spending authority in the biennial budget process to allow the state to access available federal funding.

Beyond the one-year extension

This one-year extension **won't** prevent the state from pursuing a long-term extension in the future.

Q&A SESSION

We want to hear from you!



Questions?

Contact us at:
[medicaidtransformation
@hca.wa.gov](https://twitter.com/medicaidtransformation@hca.wa.gov)